



John Flynn <JFlynn@afphq.org> on 10/02/2010 11:29:20 PM

To: ""2022190174@fec.gov"" <2022190174@fec.gov>
cc:

Subject: FEC Form

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 10-2-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Americans for Prosperity
(b) Address (number and street) ☐ check if different than previously reported 211 Wilson Blvd., Suite 350
(c) City, State and ZIP Code Arlington, VA 22201
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C

3. Is This Statement

☒ New
or

Amended

4. Covering Period

09 30 2010
through

10 01 2010

5. (a) Date of Public Distribution(s) 10 01 2010 (b) Communication Title TV Ad "Poode"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name Steve Mullins
(b) Address (number and street) 211 Wilson Blvd, Suite 350
(c) City, State and ZIP Code Arlington, VA 22201
(d) Name of Employer or Principal Place of Business Americans for Prosperity (e) Occupation CFO

9. Total Donations This Statement

— 0 —

10. Total Disbursements/Obligations This Statement

74,417.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/1/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Tim Phillips	
(b) Address (number and street)	
211 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code	
Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Americans for Prosperity	President
B. (a) Name	
John Phynn	
(b) Address (number and street)	
211 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code	
Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Americans for Prosperity	Secretary/Treasurer
C. (a) Name	
Steve Mullins	
(b) Address (number and street)	
211 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code	
Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Americans for Prosperity	CFO
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

<p>A. Full Name of Donor <u>N/A</u></p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>SUBTOTAL of Donations This Page (optional) ► <u>0</u></p> <hr/> <p>TOTAL This Period (last page this line number only) ►</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle, Initial) of Payee <u>Mentzer Media Services</u>				Date of Disbursement or Obligation <u>09 30 2010</u>	
Mailing Address of Payee <u>600 Fairmount Avenue, Suite 306</u>				Amount <u>74,417.00</u>	
City <u>Towson</u>		State <u>MD</u>		Zip Code <u>21286</u>	
Name of Employer 		Occupation 		Communication Date <u>10 01 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Poodle" TV ad</u>					
Name of Federal Candidate <u>Carol Shea-Porter</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NH</u> District: <u>01</u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City				Amount	
State		Zip Code		Communication Date	
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

74,417.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/02/2010</i>
 <div style="display: flex; justify-content: space-between;"><div>PREPARER (3/2005)</div><div>DATE PREPARED</div></div>	